

# AUTO CR - LOG SUMMARY #1071147

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved officer responded to a domestic in which the subject's family wanted him to be transported to a mental hospital for a mental evaluation. It is reported that the subject refused to be escorted, refused to be handcuffed, pulled away, pushed and became very combative with the responding officers. It is reported that the involved officer then deployed her Taser at the subject.	(None Entered)		

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	SVACHULA, CHRISTOPH A	613		011 / SERGEANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
22-AUG-2014 04:57 - 22-AUG-2014 04:57		1114	011	290 - RESIDENCE	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject					M	BLK		
CPD Employee	Involved Member	FOX, STEPHANIE A	6527	011 /	POLICE OFFICER	F	WHI		
CPD Employee	Witness	ROSZKOWSKI, GREG	14740	011 /	POLICE OFFICER	M	WHI		
CPD Employee	Witness	CHRYSSIKOS, NICHOLAS C	11190	011 /	POLICE OFFICER	M	WHI		

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

## Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

## Incident Category List

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-SEP-2014 02:20	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-SEP-2014 02:20	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	02-SEP-2014 07:35	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	01-SEP-2014 10:23	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	28-AUG-2014 08:20	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Emailed Sgt. Svachula for Taser download.
PRELIMINARY	25-AUG-2014 08:11	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs Taser download.
PRELIMINARY	22-AUG-2014 10:50	NUFIO, OSCAR	INVESTIGATOR I COPA	113 /	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					NUFIO, OSCAR	22-AUG-2014 10:50			
	DOCUMENTS - INTAKE INCIDENT		3	Assault - Agg Po Hands No/Min Injury; Criminal Damage - To Property	N	HAYES, SHANNON	25-AUG-2014 08:05	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Stephanie Fox	N	HAYES, SHANNON	25-AUG-2014 08:06	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	HAYES, SHANNON	01-SEP-2014 10:23	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Greg Roszkowski	N	HAYES, SHANNON	25-AUG-2014 08:05	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Stephanie Fox	N	HAYES, SHANNON	25-AUG-2014 08:06	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Nicholas Chryssikos	N	HAYES, SHANNON	25-AUG-2014 08:06	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Greg Roszkowski	N	HAYES, SHANNON	25-AUG-2014 08:05	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Nicholas Chryssikos	N	HAYES, SHANNON	25-AUG-2014 08:06	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 22-AUG-2014) - LOG #1071147

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	SVACHULA, CHRISTOPH A	613		011 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

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22-AUG-2014 04:57 - 22-AUG-2014 04:57		1114	011	290 - RESIDENCE	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	22-AUG-2014 22:50	NUFIO, OSCAR	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-SEP-2014 02:20	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-SEP-2014 02:20	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PENDING SUPERVISOR REVIEW	01-SEP-2014 10:23	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	28-AUG-2014 08:20	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Emailed Sgt. Svachula for Taser download.
PRELIMINARY	25-AUG-2014 08:11	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs Taser download.
PRELIMINARY	22-AUG-2014 10:50	NUFIO, OSCAR	INVESTIGATOR I COPA	113 /	

CHICAGO POLICE DEPARTMENT  
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653  
(For use by Chicago Police Department Personnel Only)  
CPD-11.388(6/03)-C

RD  
Case I  
EVENT

INCIDENT	<b>APPROVAL COMPLETE</b>		
	IUCR: 0554 - Assault - Agg Po Hands No/Min Injury		
	1310 - Criminal Damage - To Property		
	Occurrence Location: 090 - Apartment	Beat: 1114	Unit Assigned: 1114 RO Arrival Date: 22 August 2014 16:45 Domestic Related Incident # Offenders: 1

NON-OFFENDER(S)	<b>VICTIM - Individual</b>		
	Name: [REDACTED]	Beat: 1114	<b>Demographics</b>
	Res: [REDACTED]		Female Black 5'01, 157 lbs Brown Eyes Black Hair Natural Hair Style Dark Brown Complexion
	Sobriety: Sober CPD Officer: No		DOB: [REDACTED] Age: 41 Years Birth Place: Illinois

<u>Type</u>	<u>State</u>	<u>Number</u>
State Id	Illinois	[REDACTED]

SUSPECT(S)	<b>Suspect # 1</b>		
	Name: [REDACTED]	Beat: 1114	<b>Demographics</b>
	Res: [REDACTED]		Male Black 6'01, 190 lbs , Brown Eyes Black Hair Dreadlocks Hair Style Dark Brown Complexion
			DOB: [REDACTED] Age: 38 years Birth Place: Illinois State Id - [REDACTED] Suspected of Using: Drugs/Narcotics

RELATIONSHIP	[REDACTED] ( Victim )	is a Roommates Or Former of	[REDACTED] ( Offender )

DOMESTIC INFO	Order Of Protection Info	
	Order Of Protection #: IL	
	Transportation Arranged/Provided to Relocate? Declined	Procedure Notifications
	Victim Advised of Hotline #? Yes	Domestic Info Notice Provided? Yes Victim Advised of OOP Procedures? Yes Victim Advised of Warrant Procedures? Yes

OTHER	Miscellaneous	
	Victim Information Provided	Flash Message Sent ? No

OTHER PROPERTIES	Property #1		Possessor/User: [REDACTED]
	Quantity: 1	Estimated Value: \$400.00	Used as Weapon? No Taken/Stolen? No
	Description: 32" Element Flat Screen Tv	Owner: [REDACTED]	Recovered? No
	Color: Black	Property Type: Radios/Tvs/Vcrs	Damaged? Yes
	Property #2		Possessor/User: [REDACTED]
	Quantity: 1	Estimated Value: \$100.00	Used as Weapon? No Taken/Stolen? No
	Description: Two Legs On Table	Owner: [REDACTED]	Recovered? No
	Color: Black	Property Type: Household Goods	Damaged? Yes
	Property #3		Possessor/User: [REDACTED]
	Quantity: 1	Estimated Value: \$100.00	Used as Weapon? No Taken/Stolen? No
	Description: Door	Owner: [REDACTED]	Recovered? No
	Color: Tan	Property Type: Other	Damaged? Yes

NARRATIVES	EV [REDACTED] IN SUMMARY, R/O'S RESPONDED TO A DOMESTIC DISTURBANCE AT [REDACTED] UPON ARRIVAL, [REDACTED] (VICTIM AND COMPLAINANT) STATED THAT HER ROOMMATE, [REDACTED] (OFFENDER), HAD DAMAGED SEVERAL ITEMS IN HER RESIDENCE ON 21AUG14 AT APPROXIMATELY 2100 HOURS. THE VICTIM FURTHER RELATED THAT SHE AND THE OFFENDER ENGAGED IN A VERBAL ALTERCATION ON 22AUG14 AND WAS IN FEAR OF THE OFFENDER DAMAGING ADDITIONAL PROPERTY. THE VICTIM STATED TO R/O'S THAT THE OFFENDER IS [REDACTED] AND REFUSES TO TAKE MEDICATION. THE VICTIM FURTHER RELATED THAT THE OFFENDER SMOKED LEAF (R/O'S KNOW THIS TO BE A STREET TERM FOR PCP) AND SHE WANTED THE OFFENDER TO LEAVE THE RESIDENCE TO WHICH HE DID NOT COMPLY. THE OFFENDER BECAME EXTREMELY AGITATED AND COMBATIVE AND MADE VERBAL THREATS TO R/O'S ("I'M GOING TO FUCK YOU ALL UP!"). THE OFFENDER THEN STOOD IN FRONT OF THE DOOR TO RESIDENCE, LOCKING IT. P.O. CHRYSSIKOS #11190 AND P.O. ROSZKOWSKI #14740 ATTEMPTED TO DETAIN THE OFFENDER TO WHICH HE RESISTED BY STIFFENING HIS BODY AND ATTEMPTING TO PULL AWAY AT WHICH POINT P.O. CHRYSSIKOS #11190 AND P.O. ROSZKOWSKI #14740 EFFECTED AN EMERGENCY TAKE DOWN AND P.O. FOX #6527 DEPLOYED TASER AT 1657 HOURS. THE OFFENDER WAS DETAINED AND TRANSPORTED TO [REDACTED] BY BT 1172 AT 1720 HOURS. BT 1114 COMPLETED [REDACTED] FOR INVOLUNTARY ADMISSION FOR MENTAL EVALUATION. P.O. FOX AND P.O. CHRYSSIKOS ASSISTED HOSPITAL STAFF TO RESTRAIN THE OFFENDER WHEN HE BEGAN TO TWIST AND FLAIL ABOUT THE BED AND P.O. FOX'S RIGHT HAND BECAME CAUGHT BETWEEN THE METAL BED FRAME AND OFFENDER, TWISTING IT IN THE OPPOSITE DIRECTION. AFTER THE OFFENDER WAS SUBDUED, P.O. FOX IMMEDIATELY FELT PAIN AND RIGHT WRIST HAD SLIGHT SWELLING. OFFENDER STATED TO P.O. FOX "I'M GOING TO PUT A \$50,000 HIT ON YOU." VICTIM WAS GIVEN DIN AND ADVISED OF WARRANT AND OOP PROCEDURES.
	- STAR#: 11190 NAME: NICHOLAS CHRYSSIKOS BEAT: 1114
	- STAR#: 14740 NAME: GREG ROSZKOWSKI BEAT: 1131
	- STAR#: 19985 NAME: MELISSA RODRIGUEZ BEAT: 1131
	- STAR#: 17821 NAME: MIRIAM LUCENA BEAT: 1112



## NARRATIVES

- STAR#: 17083 NAME: THERESA WALDBUESSER BEAT: 1112  
- STAR#: 16254 NAME: RACHEL DRIZNER BEAT: 1122  
- STAR#: 5920 NAME: LILIANA ZEPEDA BEAT: 1122

## PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	6527	[REDACTED]	FOX, Stephanie, A	[REDACTED]	22 Aug 2014 19:43	011	1114

## IUCR ASSOCS.

Victim	IUCR	Crime	Offender
[REDACTED]	0554	Assault - Agg Po Hands No/Min Injury	[REDACTED]
	1310	Criminal Damage - To Property	

RD NO. [REDACTED]

**"X APPLICABLE BOXES"**

CPD 0256623



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REPORTING MEMBER - SIGNATURE ROSZKOWSKI, GREG	STAR NO. 14740	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STUART, STEPHANIE L	STAR NO. 330
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## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>22-AUG-2014</b>		TIME <b>16:58:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE <b>090</b>		4. BEAT/OCCUR <b>1114</b>											
	5. POSITION <b>9161</b>		6. LAST NAME <b>ROSZKOWSKI</b>		7. FIRST NAME <b>GREG</b>		8. STAR NO. <b>14740</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE [REDACTED]		12. HT. <b>603</b>		13. WT. <b>205</b>				
	14. DATE OF APPT. <b>05-OCT-2012</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>011 1131</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No										
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. [REDACTED]		26. HT. <b>601</b>		27. WT. <b>190</b>						
	28. TELEPHONE NO. [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <b>VERBAL THREAT (ASSAULT)</b> <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No												
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid														
36. CHARGES PLACED <input type="checkbox"/> DNA																		37. CB NO. [REDACTED]		IR NO. <input type="checkbox"/> DNA	
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE										
	SUBJECT'S ACTIONS		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____										
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____												
	39. <input checked="" type="checkbox"/> DNA																				
WEAPON DISCHARGE INCIDENT	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]				40. ADDITIONAL INFORMATION [REDACTED]																
	POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]																
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>														
45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]															
49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL No. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]													
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]													
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) _____		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) _____		70. EVENT NO. [REDACTED]													
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) _____		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																	
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																			
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) _____																			
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																				
	73. REPORTING MEMBER (Print Name) <b>ROSZKOWSKI, GREG</b> <b>22-AUG-2014 22:24:37</b> STAR/EMPLOYEE NO. <b>14740</b> SIGNATURE [REDACTED]																				
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																				
	74. REVIEWING SUPERVISOR (Print Name) <b>KEARNS, MARK E</b>		STAR NO. <b>1811</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>22-AUG-2014 22:56:18</b>		TIME <b>22:56:18</b>												

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

The subject was hospitalized due to being off his prescribed medications for [REDACTED] and under the strong influence of unknown narcotics

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on a review of the reports, R/Lt has determined that the officer acted within the Department guidelines and the Use of Force model.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☒ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

**STUART, STEPHANIE L**

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

**22-AUG-2014 23:18:53**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

**3**

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"			
OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>FOX, STEPHANIE A</b>		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>6527</b>		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION <b>POLICE OFFICER</b>		CITY <input checked="" type="checkbox"/> CHICAGO <input type="checkbox"/>	STATE (If outside Chicago)
DATE OF APPOINTMENT <b>31-AUG-2012</b>	EMPLOYEE NO. [REDACTED]	LOCATION CODE <b>090-APARTMENT</b>	
UNIT OF ASSIGNMENT <b>011</b>		BEAT OF OCCURRENCE <b>1114</b>	
SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F	RACE <b>WHITE</b>	DOB [REDACTED]	DATE OF OCCURRENCE <b>22-AUG-2014</b>
HEIGHT <b>511</b>		WEIGHT <b>145</b>	TIME <b>16:45:00</b>
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		DAY OF WEEK <b>FRIDAY</b>	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____  <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		NO. OF OFFICERS BATTERED <u>3</u>	
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____  PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>2</u>	
TYPE OF ACTIVITY		MANNER OF ATTACK	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input checked="" type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____  <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____  <input type="checkbox"/> K. OTHER		<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF WEAPON/THREAT		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
FIREARM USE INFORMATION		FIREARM USE INFORMATION	
<input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON		(Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
OFFENDER INFORMATION		OFFENDER INFORMATION	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>BLACK</b>	DOB [REDACTED]	CB NO.
IR NO.		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?	
GANG RELATED?		GANG RELATED?	
<input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES		<input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES	
<input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO		<input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO	
<input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN		<input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN	
NO. OF OFFENDERS PRESENT? <u>1</u>		NO. OF OFFENDERS PRESENT? <u>1</u>	
LIGHTING CONDITIONS AT INCIDENT		WEATHER CONDITIONS	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input checked="" type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
APPROXIMATE OUTDOOR TEMPERATURE: <b>81 °F</b>		APPROXIMATE OUTDOOR TEMPERATURE: <b>81 °F</b>	

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REPORTING MEMBER - SIGNATURE FOX, STEPHANIE A	STAR NO. 6527	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STUART, STEPHANIE L	STAR NO. 330
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## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>22-AUG-2014</b>		TIME <b>16:45:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE <b>090</b>		4. BEAT/OCCUR <b>1114</b>																			
	5. POSITION <b>9161</b>		6. LAST NAME <b>FOX</b>		7. FIRST NAME <b>STEPHANIE A</b>		8. STAR NO. <b>6527</b>		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE [REDACTED]		12. HT. <b>511</b>		13. WT. <b>145</b>												
	14. DATE OF APPT. <b>31-AUG-2012</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>011 1114</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																		
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. [REDACTED]		26. HT. <b>601</b>		27. WT. <b>190</b>														
SUBJECT INFORMATION	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <b>VERBAL THREAT (ASSAULT)</b> <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																		
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																						
	36. CHARGES PLACED [REDACTED]								<input type="checkbox"/> DNA		37. CB NO. [REDACTED]		IR NO. [REDACTED]		<input type="checkbox"/> DNA														
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE														
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____														
WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA		40. ADDITIONAL INFORMATION		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE										
	49. TASER DART ID NO. <b>C6200AT7K</b>		50. WEAPON SERIAL No. (Include Letters) <b>ZZX3005WA</b>		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED										
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								
	70. EVENT NO.		71. R.D. NO.		72. CASE INFO.		73. REPORTING MEMBER (Print Name) <b>FOX, STEPHANIE A</b>		STAR/EMPLOYEE NO. <b>6527</b>		SIGNATURE [REDACTED]		74. REVIEWING SUPERVISOR (Print Name) <b>KEARNS, MARK E</b>		STAR NO. <b>1811</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>22-AUG-2014 22:52:29</b>		TIME								
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>FOX, STEPHANIE A</b>		STAR/EMPLOYEE NO. <b>6527</b>		SIGNATURE [REDACTED]		74. REVIEWING SUPERVISOR (Print Name) <b>KEARNS, MARK E</b>		STAR NO. <b>1811</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>22-AUG-2014 22:52:29</b>		TIME		75. REVIEWING SUPERVISOR (Print Name) <b>KEARNS, MARK E</b>		STAR NO. <b>1811</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>22-AUG-2014 22:52:29</b>		TIME				
	76. REVIEWING SUPERVISOR (Print Name) <b>KEARNS, MARK E</b>		STAR NO. <b>1811</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>22-AUG-2014 22:52:29</b>		TIME		77. REVIEWING SUPERVISOR (Print Name) <b>KEARNS, MARK E</b>		STAR NO. <b>1811</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>22-AUG-2014 22:52:29</b>		TIME		78. REVIEWING SUPERVISOR (Print Name) <b>KEARNS, MARK E</b>		STAR NO. <b>1811</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>22-AUG-2014 22:52:29</b>		TIME

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

The subject was hospitalized due to being off his prescribed medications for [REDACTED] and under the strong influence of unknown narcotics

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on a review of the reports, R/Lt has determined that the officer acted within the Department guidelines and the Use of Force model.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☒ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

**STUART, STEPHANIE L**

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

**22-AUG-2014 23:18:34**

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ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

**3**

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)



OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT

RD NO.

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>CHRYSSIKOS, NICHOLAS C</b>		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>11190</b>		ADDRESS OF OCCURRENCE <b>[REDACTED]</b>	
POSITION <b>POLICE OFFICER</b>		CITY <input checked="" type="checkbox"/> CHICAGO <input type="checkbox"/>	STATE (If outside Chicago)
DATE OF APPOINTMENT <b>31-OCT-2012</b>	EMPLOYEE NO. <b>[REDACTED]</b>	LOCATION CODE <b>090-APARTMENT</b>	
UNIT OF ASSIGNMENT <b>011</b>	BEAT/CALL NO. <b>1114</b>	BEAT OF OCCURRENCE <b>1114</b>	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE</b>	DOB <b>[REDACTED]</b>	DATE OF OCCURRENCE <b>22-AUG-2014</b>
HEIGHT <b>508</b>	WEIGHT <b>215</b>	TIME <b>16:45:00</b>	DAY OF WEEK <b>FRIDAY</b>
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED <u>3</u>	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____  <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>2</u>	
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input checked="" type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____  <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____  <input type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		OFFENDER INFORMATION	
LIGHTING CONDITIONS AT INCIDENT		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN	<input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input checked="" type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD	RACE <b>BLACK</b>	DOB <b>[REDACTED]</b>
WEATHER CONDITIONS		CB NO. _____ IR NO. _____	
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW		<input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND	
APPROXIMATE OUTDOOR TEMPERATURE: <b>81 °F</b>		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	
NO. OF OFFENDERS PRESENT? <u>8</u>		GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	

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REPORTING MEMBER - SIGNATURE CHRYSSIKOS, NICHOLAS C	STAR NO. 11190	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STUART, STEPHANIE L	STAR NO. 330
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## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>22-AUG-2014</b>		TIME <b>16:45:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE <b>090</b>		4. BEAT/OCCUR <b>1114</b>							
	5. POSITION <b>9161</b>		6. LAST NAME <b>CHRYSSIKOS</b>		7. FIRST NAME <b>NICHOLAS C</b>		8. STAR NO. <b>11190</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE [REDACTED]		12. HT. <b>508</b>		13. WT. <b>215</b>	
	14. DATE OF APPT. <b>31-OCT-2012</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>011 1114</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. <b>A</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. [REDACTED]		26. HT. <b>601</b>		27. WT. <b>190</b>			
SUBJECT INFORMATION	28. TELEPHONE NO. [REDACTED]		29. WAS SUBJECT ARMED? <b>VERBAL THREAT (ASSAULT)</b> <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		30. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No											
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid													
	36. CHARGES PLACED [REDACTED]		37. CB NO. [REDACTED]		IR NO. [REDACTED]													
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		SUBJECT'S ACTIONS		MEMBER'S RESPONSE													
	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE									
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>										
STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>										
OTHER _____		OTHER _____				OTHER _____		OTHER _____										
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>										
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____										
ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>												
WRISTLOCK <input checked="" type="checkbox"/>		CANINE <input type="checkbox"/>																
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>																
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>																
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>																
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>																
OTHER _____		OTHER _____																
WEAPON DISCHARGE INCIDENT	39. DNA <input checked="" type="checkbox"/>		40. ADDITIONAL INFORMATION															
	POSITION		STAR NO.		UNIT													
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>											
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE											
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.									
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED									
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)											
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.															
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)															
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.															
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																	
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>CHRYSSIKOS, NICHOLAS C</b>		STAR/EMPLOYEE NO. <b>11190</b>		SIGNATURE [REDACTED]													
	22-AUG-2014 19:07:09																	
74. REVIEWING SUPERVISOR (Print Name) <b>KEARNS, MARK E</b>		STAR NO. <b>1811</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>22-AUG-2014 22:53:51</b>		TIME										

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

The subject was hospitalized due to being off his prescribed medications for schizophrenia and bi-polar and under the strong influence of unknown narcotics

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on a review of the reports, R/Lt has determined that the officer acted within the Department guidelines and the Use of Force model.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☒ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

**STUART, STEPHANIE L**

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

**22-AUG-2014 23:18:09**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

**3**

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

# EVIDENCE SYNC<sup>®</sup> OFFLINE

## DEVICE REPORT

### ECD Information

Model #: TASER\_ECD\_X2

Serial #: ZZX3005WA

Firmware Version: FWBundle Rev. 03.041

Device Health: Good

### Offline Report

Date:

22 Aug 2014 21:14:13

Local Timezone:

Central Standard Time (UTC -5:00)

### Event Log

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
08/22/2014 04:12:02	08/21/2014 23:12:02	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	67% 67%
08/22/2014 04:12:03	08/21/2014 23:12:03	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		67% 67%
08/22/2014 04:12:04	08/21/2014 23:12:04	Safe	C1: 25' Standard C2: 25' Standard	2s 2s	27°C 27°C	67% 67%
08/22/2014 05:50:46	08/22/2014 00:50:46	Armed	C1: 25' Standard C2: 25' Standard		30°C 30°C	67% 67%
08/22/2014 05:50:55	08/22/2014 00:50:55	Safe	C1: 25' Standard C2: 25' Standard	9s 9s	30°C 30°C	67% 67%
08/22/2014 06:03:04	08/22/2014 01:03:04	Armed	C1: 25' Standard C2: 25' Standard		30°C 30°C	67% 67%
08/22/2014 06:03:46	08/22/2014 01:03:46	Safe	C1: 25' Standard C2: 25' Standard	42s 42s	33°C 33°C	66% 66%
08/22/2014 14:53:50	08/22/2014 09:53:50	Armed	C1: 25' Standard C2: 25' Standard		31°C 31°C	66% 66%
08/22/2014 14:53:51	08/22/2014 09:53:51	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	31°C 31°C	66% 66%
08/22/2014 19:53:25	08/22/2014 14:53:25	Armed	C1: 25' Standard C2: 25' Standard		34°C 34°C	66% 66%
08/22/2014 19:53:26	08/22/2014 14:53:26	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	34°C 34°C	66% 66%
08/22/2014 20:20:22	08/22/2014 15:20:22	Armed	C1: 25' Standard C2: 25' Standard		31°C 31°C	66% 66%
08/22/2014 20:20:24	08/22/2014 15:20:24	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		66% 66%
08/22/2014 20:20:25	08/22/2014 15:20:25	Safe	C1: 25' Standard C2: 25' Standard	3s 3s	32°C 32°C	66% 66%
08/22/2014 21:51:15	08/22/2014 16:51:15	Armed	C1: 25' Standard C2: 25' Standard		33°C 33°C	66% 66%
08/22/2014 21:51:26	08/22/2014 16:51:26	Safe	C1: 25' Standard C2: 25' Standard	11s 11s	34°C 34°C	66% 66%
08/22/2014 21:51:45	08/22/2014 16:51:45	Armed	C1: 25' Standard C2: 25' Standard		33°C 33°C	66% 66%
08/22/2014 21:57:21	08/22/2014 16:57:21	Trigger	C1: Deployed	5s		66% 66%
08/22/2014 21:58:11	08/22/2014 16:58:11	Safe	C1: Deployed C2: 25' Standard	6m 26s 6m 26s	43°C 43°C	64% 64%
08/23/2014 02:08:19	08/22/2014 21:08:19	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		31°C 31°C	0% 0%
08/23/2014 02:09:21	08/22/2014 21:09:21	Time Sync	08/22/2014 21:09:21 to 08/22/2014 21:10:23			

LOG #1071147

NUF10 #142

Resent to Inv Shannon Hayes  
on today's date 01 Sep 14